

Ifw

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

|   |                      |                        |            |
|---|----------------------|------------------------|------------|
| <b>TRANSMITTAL<br/>FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | CS90103                | 10 804 285 |
|   | Filing Date          | 03/19/2004             |            |
|   | First Named Inventor | Pecen, et al.          |            |
|   | Group Art Unit       | 2681                   |            |
|   | Examiner Name        |                        |            |
| Total Number of Pages in this Submission  | 9                    | Attorney Docket Number | CS90103    |

**ENCLOSURES**

(check all that apply)

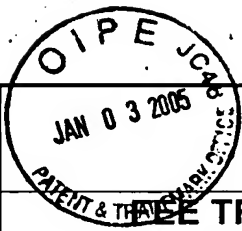
|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-Related papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CDs _____ | <input type="checkbox"/> After Allowance Communication to a<br>Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter with appropriate copies<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br>Transmittal of Formal Drawings |
| Remarks   |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                    |                    |                  |        |
|--------------------|--------------------|------------------|--------|
| Firm or Individual | Matthew C. Loppnow | Registration No. | 45,314 |
| Signature          |                    |                  |        |
| Date               | 12/30/04           |                  |        |

**CERTIFICATE OF TRANSMISSION/MAILING**

|  |              |
|--|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below: |              |
| Typed or printed name  | June Edwards |
| Signature  |              |
| Date   | 12/30/2004   |



|  |                    | Complete if Known  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|--|--------------------|--|---------------------|--|----------------|-----------------|--------------------|-----------------|------|------|------|------|-----|------|-----|------------------------|--------------------|-------------------------------------|------|-----|-----------------------------------|------|-------------------------------------|------|-----|---------------------------------------|------|---------------------------|------|------|---|------|---|------|------|---|------|--|------|-------|------|-------|---|------|-----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|------|------|------|-----|---|------|------|------|------|--|------|-----|------|-----|------------------|------|-----|------|-----|--|------|-----|------|-----|--------------------------|------|------|------|------|---|------|-----|------|----|----------------------------------|------|------|------|-----|------------------------------------|------|------|------|-----|--------------------------------|------|-----|------|-----|------------------|------|-----|------|-----|-----------------|------|-----|------|-----|-------------------------------|------|----|------|----|-------------------------------------|------|-----|------|-----|-------------------|------|----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|------|-----|------|-----|---|------|-----|------|-----|---|---------------------------|--|--|--|--|
|  |                    | Application Number   | CS90103             |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>FREE TRANSMITTAL</b><br>Patent fees are subject to annual revision<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                    | Filing Date  | 03/19/2004          |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                    | First Named Inventor   | Pecen, et al.       |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                    | Examiner Name  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                    | Group Art Unit   | 2681                |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |                    | 0  | Attorney Docket No. | CS90103  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |                    | <b>FEE CALCULATION</b> (continued)   |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <b>502117</b><br>Deposit Account Name: <b>Motorola, Inc.</b>  |                    | <b>3. ADDITIONAL FEES</b>  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.  |                    | <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Fee</th><th>Small Entity</th><th>Fee</th><th>Fee Description</th></tr><tr><th>Code</th><th>(\$)</th><th>Code</th><th>(\$)</th><th></th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr><tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr><tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr><tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td></tr><tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td></tr><tr><td>1254</td><td>1530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td></tr><tr><td>1255</td><td>2080</td><td>2255</td><td>1040</td><td>Extension for reply within fifth month</td></tr><tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td></tr><tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td></tr><tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td></tr><tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td></tr><tr><td>1453</td><td>1370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td></tr><tr><td>1501</td><td>1370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td></tr><tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td></tr><tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr><tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr><tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td></tr><tr><td colspan="5">Other fee (specify) _____</td></tr></tbody></table> |                     | Large Entity   | Fee            | Small Entity    | Fee                | Fee Description | Code | (\$) | Code | (\$) |     | 1051 | 130 | 2051                   | 65                 | Surcharge - late filing fee or oath | 1052 | 50  | 2052                              | 25   | Surcharge - late Provisional filing | 1053 | 130 | 1053                                  | 130  | Non-English specification | 1812 | 2520 | 1812  | 2520 | For filing a request for ex parte Reexamination | 1804 | 920* | 1804  | 920* | Requesting publication of SIR prior to Examiner action | 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action | 1251 | 110 | 2251 | 55 | Extension for reply within first month | 1252 | 430 | 2252 | 215 | Extension for reply within second month | 1253 | 980 | 2253 | 490 | Extension for reply within third month | 1254 | 1530 | 2254 | 765 | Extension for reply within fourth month | 1255 | 2080 | 2255 | 1040 | Extension for reply within fifth month | 1401 | 340 | 2401 | 170 | Notice of Appeal | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal | 1403 | 300 | 2403 | 150 | Request for oral hearing | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | 1453 | 1370 | 2453 | 685 | Petition to revive - unintentional | 1501 | 1370 | 2501 | 685 | Utility issue fee (or reissue) | 1502 | 490 | 2502 | 245 | Design issue fee | 1503 | 660 | 2503 | 330 | Plant issue fee | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | 1806 | 180 | 1806 | 180 | Submission of IDS | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  |  |
| Large Entity   | Fee                | Small Entity   | Fee                 | Fee Description  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Code   | (\$)               | Code   | (\$)                |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1051   | 130                | 2051   | 65                  | Surcharge - late filing fee or oath  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1052   | 50                 | 2052   | 25                  | Surcharge - late Provisional filing  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1053   | 130                | 1053   | 130                 | Non-English specification  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1812   | 2520               | 1812   | 2520                | For filing a request for ex parte Reexamination                            |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1804   | 920*               | 1804   | 920*                | Requesting publication of SIR prior to Examiner action                     |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1805   | 1840*              | 1805   | 1840*               | Requesting publication of SIR after Examiner action                        |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1251   | 110                | 2251   | 55                  | Extension for reply within first month                                     |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1252   | 430                | 2252   | 215                 | Extension for reply within second month                                    |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1253   | 980                | 2253   | 490                 | Extension for reply within third month                                     |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1254   | 1530               | 2254   | 765                 | Extension for reply within fourth month                                    |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1255   | 2080               | 2255   | 1040                | Extension for reply within fifth month                                     |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1401   | 340                | 2401   | 170                 | Notice of Appeal   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1402   | 340                | 2402   | 170                 | Filing a brief in support of an appeal                                     |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1403   | 300                | 2403   | 150                 | Request for oral hearing   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1451   | 1510               | 1451   | 1510                | Petition to institute a public use proceeding                              |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1452   | 110                | 2452   | 55                  | Petition to revive - unavoidable   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1453   | 1370               | 2453   | 685                 | Petition to revive - unintentional   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1501   | 1370               | 2501   | 685                 | Utility issue fee (or reissue)   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1502   | 490                | 2502   | 245                 | Design issue fee   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1503   | 660                | 2503   | 330                 | Plant issue fee  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1460   | 130                | 1460   | 130                 | Petitions to the Commissioner  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1807   | 50                 | 1807   | 50                  | Processing fee under 37 CFR 1.17(q)  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1806   | 180                | 1806   | 180                 | Submission of IDS  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 8021   | 40                 | 8021   | 40                  | Recording each patent assignment per property (times number of properties) |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1809   | 790                | 2809   | 395                 | Filing a submission after final rejection (37 CFR § 1.129(a))              |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1810   | 790                | 2810   | 395                 | For each additional invention to be examined (37 CFR § 1.129(b))           |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1801   | 790                | 2801   | 395                 | Request for Continued Examination (RCE)                                    |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1802   | 900                | 1802   | 900                 | Request for expedited examination of a design application                  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Other fee (specify) _____  |                    |  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>FEE CALCULATION</b>   |                    | <b>SUBTOTAL (3)</b> (\$)   |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |                    | 0  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Fee</th><th>Small Entity</th><th>Fee</th><th>Fee Description</th></tr><tr><th>Code</th><th>(\$)</th><th>Code</th><th>(\$)</th><th></th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td></tr><tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td></tr><tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td></tr><tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td></tr></tbody></table>   |                    | Large Entity   | Fee                 | Small Entity   | Fee            | Fee Description | Code               | (\$)            | Code | (\$) |      | 1001 | 790 | 2001 | 395 | Utility filing fee     | 1002               | 350                                 | 2002 | 175 | Design filing fee                 | 1003 | 550                                 | 2003 | 275 | Plant filing fee                      | 1004 | 790                       | 2004 | 395  | Reissue filing fee                                | 1005 | 160   | 2005 | 80   | Provisional filing fee                                    |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Large Entity   | Fee                | Small Entity   | Fee                 | Fee Description  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Code   | (\$)               | Code   | (\$)                |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1001   | 790                | 2001   | 395                 | Utility filing fee   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1002   | 350                | 2002   | 175                 | Design filing fee  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1003   | 550                | 2003   | 275                 | Plant filing fee   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1004   | 790                | 2004   | 395                 | Reissue filing fee   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1005   | 160                | 2005   | 80                  | Provisional filing fee   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |                    |  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Total Claims</th><th>Previously Paid**</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Independent Claims</td><td>20</td><td>3</td><td>18</td><td></td></tr><tr><td></td><td></td><td></td><td>88</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>300</td><td></td></tr></tbody></table>   |                    | Total Claims   | Previously Paid**   | Extra Claims   | Fee from below | Fee Paid        | Independent Claims | 20              | 3    | 18   |      |      |     |      | 88  |                        | Multiple Dependent |                                     |      | 300 |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Total Claims   | Previously Paid**  | Extra Claims   | Fee from below      | Fee Paid   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Independent Claims   | 20                 | 3  | 18                  |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                    |  | 88                  |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Multiple Dependent   |                    |  | 300                 |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Large Entity</th><th>Fee</th><th>Small Entity</th><th>Fee</th><th>Fee Description</th></tr><tr><th>Code</th><th>(\$)</th><th>Code</th><th>(\$)</th><th></th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>* Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>* Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> |                    | Large Entity   | Fee                 | Small Entity   | Fee            | Fee Description | Code               | (\$)            | Code | (\$) |      | 1202 | 18  | 2202 | 9   | Claims in excess of 20 | 1201               | 88                                  | 2201 | 44  | Independent claims in excess of 3 | 1203 | 300                                 | 2203 | 150 | Multiple dependent claim, if not paid | 1204 | 88                        | 2204 | 44   | * Reissue independent claims over original patent | 1205 | 18  | 2205 | 9    | * Reissue claims in excess of 20 and over original patent |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Large Entity   | Fee                | Small Entity   | Fee                 | Fee Description  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Code   | (\$)               | Code   | (\$)                |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1202   | 18                 | 2202   | 9                   | Claims in excess of 20   |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1201   | 88                 | 2201   | 44                  | Independent claims in excess of 3  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1203   | 300                | 2203   | 150                 | Multiple dependent claim, if not paid                                      |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1204   | 88                 | 2204   | 44                  | * Reissue independent claims over original patent                          |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 1205   | 18                 | 2205   | 9                   | * Reissue claims in excess of 20 and over original patent                  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$)   |                    | 0  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above.  |                    | <b>SUBTOTAL (1)</b> (\$)   |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| 0  |                    | 0  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| <b>SUBMITTED BY</b>  |                    | <b>Complete (if applicable)</b>  |                     |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Name (Print/Type)  | Matthew C. Loppnow | Registration No.   | 45,314              |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
| Signature  |                    | Telephone  | 847-523-2585        |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |
|  |                    | Date   | 12/30/04            |  |                |                 |                    |                 |      |      |      |      |     |      |     |                        |                    |                                     |      |     |                                   |      |                                     |      |     |                                       |      |                           |      |      |   |      |   |      |      |   |      |  |      |       |      |       |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |      |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |      |      |      |   |      |     |      |    |                                  |      |      |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |                                     |      |     |      |     |                   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |      |     |      |     |   |      |     |      |     |   |                           |  |  |  |  |



UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) CS90103 GROUP ART UNIT: 2681  
APPLN. NO.: 10/804,285 EXAMINER:  
FILED: 03/19/2004  
TITLE: APPARATUS AND METHOD FOR HANDOVER BETWEEN TWO  
NETWORKS DURING AN ONGOING COMMUNICATION

---

**TRANSMITTAL OF FORMAL DRAWINGS**

Honorable Assistant Commissioner for Patents  
Alexandria, VA. 22313

ATTN: OFFICIAL DRAFTSPERSON

SIR:

Enclosed are five (5) sheets of formal drawings, sheets 1/5 through 5/5,  
FIGS. 1 through 6 for the above-identified application.

Respectfully submitted,  
**Pecen, et al.**

Matthew C. Loppnow  
Attorney for Applicants  
Reg. No. 45,314  
Tel.: 847-523-2585

MOTOROLA, INC.  
Customer Number: 20280